

From: Jajenista@aol.com  
Sent: Monday, December 15, 2003 10:00 PM  
To: adoptionregs@state.gov  
Subject: State/AR-01/96

Attached are my commentary on the 22 CFR Parts 96 and 98, my curriculum vitae, an editorial supporting some of my commentary and a cover letter. Hard copies will follow by regular mail.

Jerri Jenista, MD  
Adoption Medicine  
551 Second Street  
Ann Arbor, MI 48103 USA

12/16/2003

JERRI ANN JENISTA, MD

RECEIVED  
OFFICE OF  
CHILDREN'S ISSUES

DEC 16 A 10:29

BUREAU OF  
CONSULAR AFFAIRS

December 16, 2003

US Department of State  
CS/OCS/PRI  
Adoption Regulations Docket Room  
SA-29, 2201 C Street NW  
Washington, DC 20520

Re: State/AR-01/96

Dear Sirs:

Enclosed are hard copies of my comments on 22 CFR Parts 96 and 98, which I previously submitted by e-mail.

The documents include

- my comments on specific sections of the proposed regulations,
- my curriculum vitae detailing my expertise in the area of medical practice in adoption and
- a supporting editorial document detailing the reasons why international adoption practice should be reformed.

I would also request that the Department publish an interim rule with a second period of commentary when the current regulations are revised.

Sincerely,

Jerri Jenista, MD

551 SECOND STREET • ANN ARBOR, MICHIGAN • 48103  
PHONE: 734-668-0419 • FAX: 734-668-9492

Comments from Jerri Jenista. MD

## **Subpart A: General Provisions**

### **96.2: Definitions**

The definitions of disruption and dissolution seem to imply that the parent(s) would have had the child physically living with them in their household at the time the decision would be made to disrupt or dissolve the adoption placement.

Because agencies will be required to track disruptions and dissolutions, it seems necessary to clarify the definition to explicitly state that the child has been in physical residence with the family in their home.

Occasionally, the parents have taken custody of the child or have finalized the adoption overseas but then, at the point of the visa examination or prior to return to the USA, the family decides to disrupt or dissolve the placement, i.e., return the child to the orphanage. Usually this happens because an unknown medical condition either surfaces or is found to be far more severe than the parents had anticipated. Occasionally, in the case of an older child, it is because the child has refused to leave the country, not realizing until the very end of the process the actual implications of the adoption.

If such "disruptions" or "dissolutions" were included in the overall statistics of adoption failures, it would seem as if there were a far higher failure rate of adoption placement than is actually the case, as the family would never have made any attempt to parent the child. Since adoption failures are fairly infrequent, even a small number of these types of "disruptions" may unfairly reflect on an agency's success rate in placement.

## **Subpart C: Accreditation and Approval Requirements for the Provision of Adoption Services**

### **96.14 Providing adoption services using supervised providers, exempted providers, public bodies, or public authorities**

The concept of a primary provider is a brilliant one and should be retained as defined in this section. By forcing a single entity to take on the responsibility of either providing or supervising all the required adoption services, adopting parents and the Central Authority of the sending country can be assured that there will be careful monitoring of all aspects of the adoption placement and that there will be a single authoritative source to provide information on any of those services. This is a major step forward from the currently fragmented and opaque process by which many children and parents wend their way through adoption, never understanding who is doing what and which services should or could have been provided at any step in the process.

Any attempt to lessen the responsibility (and resultant liability) of the primary provider should be discouraged. A large part of the risk in international adoption derives from the diffusion of responsibility across many providers. I would

conclude that a well-run agency with clear expectations of all the providers it is supervising would minimize its liability and, over time, decrease its insurance premium, similar to the way insurance companies lower rates for drivers with good records and/or driving vehicles with built-in safety features.

#### Subpart E: Evaluation of Applicants for Accreditation and Approval

##### 96.24: Procedures for evaluating applicants for accreditation or approval

Section c provides for persons with knowledge about an agency's work to comment on an agency's application for accreditation. However, there does not seem to be any process for such persons to make comments. For example, if I, as a physician, have seen a pattern of practice which seems inappropriate or excellent, I would have no way of knowing whether the agency has filed for accreditation nor would I know when the application process would be soliciting comments.

## CURRICULUM VITAE

JERRI ANN JENISTA, M.D.

February 4, 2004

### Address

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Ann Arbor, MI 48103  
(734) 668-0419  
(734) 668-9492 (fax)

### Birthdate

May 18, 1952

### Birthplace

Key West, FL

### Social Security Number

228-78-4528

### Citizenship

U.S.A.

## EDUCATION

<u>Institution and Location</u>	<u>Degree</u>	<u>Year Conferred</u>
DePaul University, Chicago, IL	B.S.	1973
University of Chicago, Chicago, IL	M.D.	1977
University of Rochester, Rochester, NY	M.S.	1984

## PROFESSIONAL TRAINING AND EXPERIENCE

1977-1980	Resident in Pediatrics, University of Colorado Medical Center, Denver, CO
1980-1983	Instructor and Fellow, University of Rochester School of Medicine and Dentistry, Rochester, NY
1980-1983	Assistant Pediatrician, University of Rochester School of Medicine and Dentistry, Rochester, NY
1980-1982	General Pediatrics Academic Fellow, University of Rochester School of Medicine and Dentistry, Rochester, NY
1982-1983	Infectious Disease Fellow, University of Rochester School of Medicine and Dentistry, Rochester, NY
1983-1986	Assistant Professor, Division of Pediatric Infectious Diseases, University of Michigan School of Medicine, Ann Arbor, MI
1986-1992	Clinical Assistant Professor of Pediatrics, Division of Pediatric Infectious Diseases, University of Michigan School of Medicine, Ann Arbor, MI
1993-	Pediatrician, Emergency Physicians Medical Group, Pediatric Urgent Care, St Joseph Mercy Hospital, Ann Arbor, MI
1995	Visiting Professor in Pediatrics, University of Hawaii Postgraduate Education Program, Okinawa Chubu Hospital, Okinawa, Japan

### Medical Licensure

New York, Colorado, Michigan

### Specialty Boards

Pediatrics, 1983  
Pediatric Infectious Diseases, 1994

### Major Research Interests

Epidemiology, Virology, Medical Education

### Major Medical Practice

Academic Pediatrics

Medical problems in foreign-born adopted children  
Travel and immigrant health

Infectious Diseases  
Emergency medicine

#### **Membership in Professional Societies**

1976-present	American Academy of Pediatrics
1983-present	Pediatric Infectious Diseases Society
1983-present	Michigan Infectious Disease Society
1985-present	Ambulatory Pediatric Association
1989-2000	American Medical Writers Association
1983-present	Adoptive Families of America
1984-present	North American Council on Adoptable Children

#### **Committee Membership**

1986-1990	University of Michigan Medical School Financial Aid Committee
1986-1987	Ad Hoc Smoking Policy Committee, C.S. Mott Children's Hospital
1989-1992	Michigan Chapter of AAP, Pediatric Immunization Advisory Committee
1989-present	Advisory Board of International Concerns Committee for Children
1990-1992	State Physician Advisory Committee on Immunization Practices
1988-present	APA International Child Health Special Interest Group
1992-present	Advisory Board for Family Adoption Consultants, Kalamazoo, MI
1994-present	Chairman, Michigan Chapter of American Academy of Pediatrics Committee on Adoption and Child Care
1994-2000	American Academy of Pediatrics National Committee on Early Childhood, Adoption and Dependent Care
2000-present	Executive Committee, Provisional Section on Adoption, American Academy of Pediatrics

#### **Journal Reviewer**

Journal of Pediatrics  
Contemporary Pediatrics  
Infectious Diseases in Children  
American Journal of Diseases of Childhood  
Pediatrics  
Pediatric Infectious Disease Journal  
Journal of Developmental and Behavioral Pediatrics

#### **Consultant to**

Americans for International Aid and Adoption  
Bethany International Adoptions  
Family Adoption Consultants  
Project Orphans Abroad  
North American Council on Adoptable Children  
International Mission of Hope  
Society for Indian Child Welfare  
International Concerns Committee for Children  
Friends of Children of Various Nations  
Washtenaw County Health Department  
High Point Center

Alternative Adoption Advocates  
Adoption Cradle  
Families for Children  
Adoptive Families of America  
Adoption Services of WACAP  
Children's Hope  
Mid-Valley Adoption Group  
Americans for African Adoptions  
University of Minnesota  
International Adoption Clinic  
V.I.D.A.

#### **Awards**

Friend of Children, North American Council on Adoptable Children, 1998  
2000 Advocate for Children, Joint Council on International Children's Services, 2000  
Single Adoptive Parent of the Year, National Committee of Single Adoptive Parents, 1996 and 2000  
Bertha Holt Award, Holt International Children's Services, 2002

#### **Grant Funding**

Growth Standards for Malnourished Children Adopted Early,  
Rackham Faculty Grant

May 1, 1988 - August 31, 1989

\$5,428.

Principal Investigator: Jerri Ann Jenista

**Parental Concepts of Constipation.**

Clinical Research Center, University of Michigan

Computer Services

1988

Principal Investigator: Jerri Ann Jenista

**Pediatric Sunscreen Use in Three Diverse Localities**

Clinical Research Center, University of Michigan

Computer Services

1988

Principal Investigator: Jerri Ann Jenista

**Intercountry Adoption: A Medical Guide.**

NIH, National Library of Medicine Publication Grant Program

September 1, 1991 - August 31, 1992

Direct costs: \$25,000

Principal Investigator: Jerri Ann Jenista

**A Guide to Adoption Benefits for Michigan Families**

Ronald McDonald's Children's Charities

September 1, 1991 - August 31, 1992

Direct costs: \$12,457

Principal Investigator: Jerri Ann Jenista

**A Guide to Adoption Benefits for Michigan Families**

Michigan State Foster Care Coalition

January 1, 1995 - December 31, 1995

Direct Costs: \$1500

Principal Investigator: Jerri Ann Jenista

**Publications**

**Refereed:**

Jenista JA, Powell KR, Menegus MA. Epidemiology of neonatal enterovirus infections. J Pediatr 104:685-690, 1984.

Prather SL, Jenista JA, Menegus MA. The isolation of non-polio enteroviruses from serum. Diag Microbiol and Infect Dis. 2:353-357, 1984.

Prather SL, Dagan R, Jenista JA, Menegus MA. The isolation of enteroviruses from blood: a comparison of four processing methods. J Med Virol 14:221-227, 1984.

Dagan R, Jenista JA, Prather SL, Powell KR, Menegus MA. Viremia in hospitalized children with enterovirus infections. J Pediatr 105:397-401, 1985.

Dagan R, Jenista JA, Menegus MA. Enteroviral infections during the first weeks of life. Harefuah 111:196-199, 1986.

Jenista JA, Chapman DD. Medical problems of foreign-born adopted children. AJDC, 141:298-302, 1987.

Jenista JA, Menegus MA. Neonatal enterovirus infection. Indian J. Pediatr. 55:191-196, 1988.



Dagan R, Jenista JA and Menegus MA: Association of clinical presentation, laboratory findings, and virus serotypes with the presence of meningitis in hospitalized infants with enterovirus infection. *J. Pediatr.* 113:975-8, 1988.

Jenista JA: Smoking policy in pediatric wards and hospitals. *AJDC* 143:567-569, 1989.

Jones, SH and Jenista JA: Erythema Infectiosum (fifth disease) exposure during pregnancy. *AJDC* 144:454-455, 1990.

Jones, SH and Jenista JA: Fifth disease. Role for nurses in pediatric practice. *Pediatric Nursing* 16:148-150, 1990.

Jenista JA: Patient management problem. *Pediatric Nursing* 17:268-269, 1991.

Mitchell MA and JA Jenista: Health Care of the internationally adopted child: Part 1. Before and at arrival into the adoptive home. *Journal of Pediatric Health Care* 11:51-60, 1997.

Mitchell MA and JA Jenista: Health Care of the internationally adopted child: Part 2: Chronic care and long-term medical issues. *Journal of Pediatric Health Care* 11:117-126, 1997.

Jenista JA, editor. Health Care in International Adoption. *Pediatric Annals*, April, 2000.

Jenista JA: Refugee and immigrant health. *American Academy of Pediatrics PREP*. December, 2001.

#### **Book Chapters:**

Jenista JA. Enterovirus infection. Roseola. *In*: Hoekelman RA, Blatman S, et al, eds. *Primary Pediatric Care*, St. Louis: CV Mosby Publishing Co. 1987.

Jenista JA, Menegus MA. Enteroviruses: Coxsackie, echo and poliovirus. *In*: Amstey MS, ed. *Virus Infections in Pregnancy*. New York: Grune and Statton, Inc. 1984.

Jenista JA. Perinatal herpes virus infection. *In*: Amstey MS, ed. *Virus Infections in Pregnancy*. New York: Grune and Statton, Inc. 1984.

Jenista JA: Enterovirus Infections. *In*: Hoekelman RA, Blatman S, et al, eds. *Primary Pediatric Care*, 4th ed. C.V. Mosby Pub. Co., St. Louis, MO, in press.

Jenista JA: Roseola. *In*: Hoekelman RA, Blatman S, et al, eds. *Primary Pediatric Care*, 4th ed. C.V. Mosby Pub. Co., St. Louis, MO, in press.

Jenista JA: Infectious disease evaluation of refugees, immigrants and internationally adopted children. *In* Baltimore D, Jensen P, eds. *Practical Pediatric Infectious Disease*. Appleton and Lange, 1995.

Jenista JA: Infectious disease and the pediatric traveler. *In* Baltimore D, Jensen P, eds. *Practical Pediatric Infectious Disease*. Appleton and Lange, 1995.

Jenista JA: Infectious disease evaluation of refugees, immigrants and internationally adopted children. *In* Baltimore D, Jensen P, eds. *Practical Pediatric Infectious Disease*, 2nd ed. CV Mosby Pub Co, St. Louis, 2001.

Jenista JA: Infectious disease and the pediatric traveler. *In* Baltimore D, Jensen P, eds. *Practical Pediatric Infectious Disease*, 2nd ed. CV Mosby Pub Co, St. Louis, 2001.

Jenista JA: Adoption. *In* Dershewitz RA, ed. *Ambulatory Pediatric Care*, 3rd ed. Lippincott-Raven, Philadelphia, 1999.



Jenista JA: The Immigrant or Refugee Child. In Dershewitz RA, ed. Ambulatory Pediatric Care, 3rd ed. Lippincott-Raven, Philadelphia, 1999.

Simms M, Jenista JA. Foster Care and Adoption. In Nelson Textbook of Pediatrics, 20th ed., 1999.

Jenista JA. Initial medical evaluation of the adopted child. In Adamec C. The Adoption Option: Complete Handbook 2000-2001. Rocklin, CA: Prima Publishing, 1999.

Jenista JA. Medical issues in adoption. In Marshner, C, ed. Adoption Factbook III. Washington, DC, National Council for Adoption, 1999.

Jenista JA. AIDS and adoption. In Marshner, C, ed. Adoption Factbook III. Washington, DC, National Council for Adoption, 1999.

Jenista JA. The US visa medical examination. In Klatzkin A (ed.) A Passage to the Heart. St. Paul, MN: Yeong ang Yeong, 1999.

Jenista JA, Johnson DE, Miller LC, Murray DL. Hepatitis B: No guarantee. In Klatzkin A (ed.) A Passage to the Heart. St. Paul, MN: Yeong ang Yeong, 1999.

#### Abstracts:

Jenista JA, Menegus MA, Powell KR. Hospitalization in neonatal enterovirus infections. Ped Res 16:243A, 1982. (Abstr).

Jenista JA, Prather SA, Menegus MA. Determinants of severity of neonatal enterovirus infection. Am J Dis Child 137:532, 1983. (Abstr).

Jenista JA, Prather SA, Powell KR, Menegus MA, Enterovirus Study Group. Virus cultures in the reduction of neonatal morbidity. Ped Res 17:224A, 1983. (Abstr).

Dagan R, Jenista JA, Prather SA, Powell KR, Menegus MA. Viremia in children with non-polio enteroviral diseases. Ped Res 17:268A, 1983. (Abstr).

Prather SA, Jenista JA, Menegus MA. Enterovirus-associated viremia. First Annual Meeting, American Society of Virology, Ithaca, NY. Aug., 1982. (Abstr).

Jenista JA, Dalzell LE, Davidson PW, Menegus MA. Outcome studies of neonatal enterovirus infection. Ped Res 18:230A, 1984. (Abstr).

Dagan R, Jenista JA, Menegus MA. Acute symptomatic enterovirus in infants <3 mo: differences between group B coxsackie viruses and echoviruses. 6th International Congress of Virology, Sendai, Japan, Sept 1985. (Abstr).

Jenista JA and Chapman DD. Medical problems of foreign-born adopted children. Ambulatory Pediatric Association, Washington, DC, May 1984. (Abstr).

Jenista JA. Do exotic children have exotic problems? Ped Res 20:228, 1986. (Abstr).

Jenista JA. Smoking policy in pediatric wards and hospitals. Ped. Res. 21:A, 1987 (Abstr).

#### Non-Refereed:

Jenista JA. Perinatal herpesvirus infections. Seminars in Perinatology 7:9-15, 1983.

Menegus MA, Jenista JA, Dagan R. Enterovirus infection in early infancy. In proceedings of The 1984 International Symposium on Medical Virology, Anaheim, CA, Nov 1984.

Jenista JA. An adoption experience. WASAP Newsletter, Sept 1986:5-6.

Jenista JA. AIDS and internationally adopted children. Magazine of Organization for United Response 20(4):14-15, 1987.

Jenista JA. Update: AIDS. Magazine of Organization for United Response 20(5):28-29, 1987.

Jenista JA. Hepatitis B: A primer for parents. Magazine of Organization for United Response 21(1):24-27, 1988.

Jenista JA. Looking ahead: The future for chronic carriers of hepatitis B. Magazine of Organization for United Response 21(2):20-25, 1988.

Jenista JA. Report on NACAC, 1988. FIAA Newsletter, Sept-Oct, 1988, pp. 14-16.

Jenista JA. Adopting a special needs child: They never come as advertised. Connections 8:14-15, 1989.

Jenista JA. Medical concerns in International Adoption. Newsletter of Committee for Single Adoptive Parents, March, 1989.

Jenista JA. Researching the medical literature. Magazine of OURS 22:10-11, 1989.

Jenista JA. The medical management of AIDS. Infectious Diseases in Children, December 1989, p.4. (Book Review).

Jenista JA. Daycare for Hepatitis-B carriers. FACE FACTS 13:23-28, 1989.

Jenista JA. Parvovirus in practice. Pediatric Rounds 9:1,5-7, 1989.

Jenista JA. Reflections on SPICE. The SPICE Rack. Sept 1989:12-13.

Jenista JA. Parent groups are all to blame. WASAP Newsletter, July 1990:2.

Jenista JA. Financing an adoption. OURS 23:17-20, 1990.

Jenista JA. Friends through Associated Press. OURS 23:19, 1990.

Jenista JA. AIDS, India and adoption: Should we be worried yet? Connections 12:19-21, 1990.

Jenista J. Erythema infectiosum and roseola: Avoiding the trap of misdiagnosis. Emergency Medicine Reports 11:73-82, 1990.

Jenista JA. Exciting news...about scabies and lice. OURS Magazine 23:26-27, 1990.

Jenista JA. Adoption: Investment abroad. India Abroad. November 2, 1990, p. 3 (editorial).

Jenista JA. Jenista guide to single parenting or ten rules to keep you sane. Single with Adopted Kids 1:17-18, 1990.

Jenista JA. Hepatitis B: Preventable and manageable. Better Homes and Centers. 27:4-5, 1991.

Jenista JA. A primer on hepatitis viruses. Better Homes and Centers (Michigan Department of Social Services) 27:6, 1991.

Jenista JA. AIDS, adoption, Africa. The African Connection. Spring, 1991.

Jenista JA. What they didn't tell you in high school government class. Roots and Wings, Summer, 1991, pp. 16-17, 46.

- Jenista JA: Antiviral agents in the emergency room. *Emergency Medicine Reports* 12:42-48, 1991.
- Jenista JA: Acyclovir in the office. *Pediatric Rounds* 11:1-3, 1991.
- Jenista JA: Now we are seven. *SPICE*, pp. 4-6, Summer, 1991.
- Jenista JA: How did I get to be so old? *SPICE*, pp. 7-8, Summer, 1991.
- Jenista JA: Shopping list of baby name books. *OURS Magazine* 24:38, 1991.
- Jenista JA: How did I get to be Italian? *Roots & Wings* 3:2, Fall, 1991, pp. 34-36.
- Jenista JA: AIDS and U.S. Adoption: Are we ready? *OURS Magazine*, 24:5, Sept/Oct 1991, pp. 27-29.
- Jenista JA: Adoption answers. *SPEAK*, XI:5, Sept/Oct 1991, pp. 7-8.
- Jenista JA: AIDS & intercountry adoption: A look to the future. *OURS Magazine*, 24:6, Nov/Dec, 1991, pp. 13-15.
- Jenista JA: Video night in Kathmandu (and other reports from the not-so-far East), by Pico Iyer, *Vintage Departures*, 1988. *OURS Magazine* 24:3, 1991. (Book review).
- Jenista JA: I've hit the big time! Finally, a best seller. *Roots & Wings* 3:3, Winter, 1992, pp. 25-27.
- Jenista JA: Medical education of families adopting children internationally: What does the agency provide? (submitted)
- Jenista JA: Intercountry adoption: Parent's perspective on medical issues. (submitted).
- Jenista JA: How heritage won out over my best efforts. *Connections* 18:24-26, 1991.
- Jenista JA: Things to write (or look) for. *Connections* 18:12-13, 1991.
- Jenista JA: For Cooks...and kids. *Connections* 18:5-6, 1991. (Book review)
- Jenista JA and Burch B.: Single parenting: After the placement. *SWAK* II:35, 1992.
- Jenista JA: Living life by the rules. *Roots & Wings* 3 (1):19, 1992.
- Jenista JA: When is speech/language therapy a good idea? *Connections* No. 20:12-13, Spring, 1992.
- Jenista JA: Medical alert for families. *Our Romanian children* 1(3):1-2, 1992.
- Jenista JA: 10 principles of single parenting. *OURS Magazine* 15:39-40, 1992.
- Jenista JA: Medical alert for families with adopted Romanian children. *News from FAIR* 22:26, 1992.
- Jenista JA: TB testing for Romanian children. *Our Romanian children*. 1(5):4-5, 1992.
- Jenista JA: Cultural books: The gift of literary identity. *FACE FACTS* 15(6):17-18, 1992. (Book reviews)
- Jenista JA: 1993 international calendar. *News from FAIR* 22:5, 1992. (Review.)
- Jenista JA: Can you believe it? More books for kids! *SPICE* September, 1992, pp14-16. (Book reviews.)
- Jenista JA: City of Joy. *Connections* No. 21:5, Summer, 1992. (Movie review)

Jenista JA: Hepatitis B treatment study. Connections No. 21: 6, Summer, 1992.

Jenista JA: Flying Baby Saritha. Roots and Wings 4 (2):43-45, 1992.

Jenista JA: Adopting a drug exposed child: Current information to make your decision easier. OURS Magazine 25:16-20, 1992.

Jenista JA: The arrival. Connections No 22: 22-25, 1992.

Jenista JA and Bloch CA: A dogged disease: Neonatal *Escherichia coli* meningitis. Pediatric Rounds 13 (4):1-3, 1992.

Jenista JA: The postman doesn't stop here: Some thoughts on getting mail. Roots and Wings 4(3):46-47, 1993.

Jenista JA: When you suspect your child has a speech delay. OURS Magazine 26 (1):34-37, 1993.

Jenista JA, Pomeranz E: Pediatric emergency drug therapy: A primer for emergency physicians. Emergency Medicine Reports 13 (13): 89-102, 1992.

Jenista JA: The visa medical examination: the facts. In Touch V(2):6-7, 1993.

Jenista JA: Discovering your child's cultural heritage. OURS 26 (3):16-20, 1993.

Jenista JA:BCG: who cares? In Touch V (3), 5-6, 1993.

Jenista JA: Report on International Mission of Hope, Calcutta, June 5, 1993. Connections No 25: 20-22, 1993.

Jenista JA: 10 new Asian Indian books for children. OURS 26 (4):32, 1993 (book reviews).

Jenista JA: We've adopted twins! Roots and Wings 5(1):48-49, 1993.

Jenista JA: Infectious disease and the internationally adopted child. Current Opinion in Infectious Diseases 6:576-584, 1993.

Jenista JA: Acute viral hepatitis: Simplifying a complex clinical syndrome. Emergency Medicine Reports 14(18): 153-164, 1993.

Jenista JA: Flying by the seat of your pants (or health advice for the uninitiated). In Touch 5 (4): 3-7, 1993.

Jenista JA: Books for the adoptive family. Some titles for reading consideration. FACE FACTS 16(5): 17-19, 1993. (book review)

Jenista JA: CMV: Another infection to worry about? In Touch 6(1):9-10, 1994.

Jenista JA: CMV in Romanian adoptees. Our Romanian Children 3(1):3-4, 1994.

Jenista JA: Medical myths in adoption. FACE FACTS 17(3):11-12, 1994.

Jenista JA: Alphabet soup: hepatitis for the adoptive family. In Touch 6(2):7-10, 1994.

Jenista JA: Finding a pediatrician for an adopted child. Adoptive Families 27(4):37, 1994.

Jenista JA: A letter to families with children from China. Families with Children from China 1(3):5-6, 1994.

Jenista JA: Is there life after hepatitis B? or Myths you can live without. In Touch 6(3):8-10, 1994.

- Jenista JA: Creating a support network. *Adoptive Families* 27(5): 34-35, 1994.
- Jenista JA: Negotiating the medical maze. *FACE Facts* 17(4): 13-15, 1994.
- Jenista JA: TB/BCG. *Connections* 29:8, Summer, 1994.
- Jenista JA: Hepatitis B and adoption from India. *Connections* 29: 11, Summer, 1994.
- Jenista JA: Immunizations: A down-to-earth look at up-to-date. *In Touch* 6(4):13-17, 1994.
- Jenista JA: Tuberculosis in the 1990s. *FACE FACTS* 17(5): 13-13-16, 1994.
- Jenista JA: "Doctor say..." *Connections* 30:7-8, Fall, 1994.
- Jenista JA: Worms and germs. *In Touch* 7:3-6, 1995.
- Jenista JA: The 125 most asked questions about adoption. *Adoptive Families* 28(3):59, 1995 (book review)
- Jenista JA: Culture, heritage and stereotypes. *Adoptive families* 28(3): 60-61, 1995.
- Jenista JA: Those pesky parasites. *FACE FACTS* 18(1)17-19, 1995.
- Jenista JA: Is there life after hepatitis B? *Families with Children from China*. 2 (1):9, 1995.
- Jenista JA: Jottings from Jerri in Japan. *Roots and Wings* 6(3):48-49, 1995.
- Jenista JA: Shrewd shot strategies. *FACE FACTS* 18(2)17-20, 1995.
- Jenista JA: Jottings from Jerri. *Roots and Wings* 6(4):23-25, 1995.
- Jenista JA: How short is "short?" *FACE FACTS* 18(3)16-18, 1995.
- Jenista JA: Dogs, cats and pigs. *In Touch* 7(3) 11-14, 1995.
- Jenista JA: Interferon and hepatitis B. *Adoptive Families Magazine* 28(4) 36, 1995.
- Jenista JA: Shattered dreams- lonely choices. *Adoptive Families Magazine* 28(4) 59, 1995 (book review).
- Jenista JA: In the best interest of the child? *FACE FACTS* 18(5)14-17, 1995.
- Jenista JA: Hepatitis C: Crisis or common sense? *FACE FACTS* 19(2)16-17, 1996.
- Jenista JA: Travel tidbits. *FACE FACTS* 18(4)10-12, 1995.
- Jenista JA, Hostetter M, Johnson D, Miller L, Murray D: Hepatitis B: No guarantee. *FACE FACTS* 19(3) 24-25, 1996.
- Jenista JA: DNA Banks and adoption. *FACE FACTS* 19(4) 22-24, 1996.
- Jenista JA: Putting it all together: Dr. Jerri Jenista talks about medical needs in adopted children. *Families with Children from China-Texas* 2(3) 29-30.
- Jenista JA: Choosing your own child. *Bulletin of the Joint Council on International Children's Services*, Winter, 2001.

#### Pamphlets:

Jenista JA: Travel precautions for the adoptive parent. International concerns committee for children, Boulder, CO. 1987.

Jenista JA: AIDS and your new baby. (The Derrick Clinic). Department of Pediatrics, University of Michigan. 1992.

Jenista JA: Adoption benefits for Michigan families. Department of Pediatrics, University of Michigan and Michigan Association of Single Adoptive Parents, 1992.

#### Letters:

Jenista JA, Menegus MA. Fever in obstetric and gynecologic patients. JAMA 249:1150, 1983.

Jenista JA Menegus MA. Febrile neonates. Pediatrics 71:143, 1983.

Jenista JA. "Hard decision". Roots and Wings, Summer 1990:28.

Jenista JA: Orphan visas and HIV. F.A.C.E. FACTS 14:3, 1991.

Jenista JA. HIV and HBV. When to vaccinate? Contemp Pediatr 9:8, 1992.

#### Newsletters and Columns:

1995-2001	Editor, <i>Adoption Medical News</i> , Palm Bay, FL (10/year)
1992-1999	Is there a doctor in the House? <i>Roots and Wings</i> , Chester, NJ (4/year)
1994-1998	Medical Matters; <i>FACE FACTS</i> , Baltimore, MD (6/yr)
1985-present	Book reviews; <i>Connections</i> , Arlington Heights, IL (4/yr)
1993-1997	Medical news; <i>In Touch</i> , Atlanta, GA (4/year)



### *Choose Your Own Child? A Good Thing? For Whom?*

*Adoption from Ukraine offers parents the unique opportunity to choose their own child; and it is a wonderful thing to see how parents and child 'find' each other. We go with you, the parents, to the Adoption Center in Kiev. .... You will be shown photographs of children of the sex and age group you wish, and you will be provided with basic information about each child. Ukrainians are a slavonic people and their coloring ranges from blue eyes and the fairest blond hair possible through to large dark eyes and jet black hair. We then travel together to meet children, and together, you choose the newest member or members of your family. This is a beautiful way to adopt. Ukraine adoption takes into account the chemistry which exists between parent and child. This method also contributes enormously to the process of integration into the family.*

I like this lovely quotation, taken directly from the website of an organization who facilitates independent adoption in Ukraine. As a prospective adoptive parent, I am immediately filled with visions of my beautiful family and I am encouraged that I will be given information about my children while accompanied by a trusted representative of my agency.<sup>1</sup> Although the wording differs slightly, the tone is the same in nearly every website I reviewed promising to facilitate independent adoptions in various countries of the former Soviet Union. However, on none of these sites was there any mention that there might be medical, developmental or emotional issues with the child to be adopted.

### **"Choose your own child, your heart will tell you"**

I am not opposed to independent adoptions. For certain parents - those with special medical expertise, who speak the language, who have lived in the country for many years, who have relatives or other close personal ties in the country - the independent process may provide a wonderful opportunity for an adoption meeting the family's needs. However, most families do not have those special resources needed to accomplish an independent adoption. Indeed, even many prospective parents with those skills need help in other aspects of the adoption.

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<sup>1</sup> Only a very critical parent might notice that the staff is listed only by first name and nowhere is it mentioned that this group is not a licensed adoption agency in any country. Nor does it comment that the \$9000 of services



But why talk about independent adoption to adoption agencies? Because, right now, many agencies are acting as facilitators with adoptions from Russia, Moldova, Ukraine and other countries. Having spoken with numerous prospective adoptive parents, however, it is clear to me that many do not understand that they are accomplishing an independent adoption, that is, they feel that, since they are working with an agency, they are receiving all the services that an agency might normally provide. Although that may be true for some agencies, others are simply facilitating; they are not providing a full range of adoption services. Over the last few months, the most common scenario I hear is that the agency has provided a homestudy review, guidance to complete a dossier and arrangements for translation, transportation and housing in the other country. As in the Ukrainian scenario at the beginning of this article, the choosing of the child is entirely up to the parents.

To send families overseas without a referral, to choose a child on their own, is to say that our own system of adoption has no value. It says that there is no value in social work, no value in medical evaluation, no value in parent preparation. By bypassing all of these "services," we are doing a disservice to all parties involved in adoption. It is no wonder then that we read of so many horror stories in adoption. Yes, those are the exceptions, but how many of them need to happen before we decide to improve the system we have rather than throw it away completely?

A tire company was made to recall 5.4 million of tires because 106 people died in accidents that may have been associated with manufacturing defects. The chance of dying from a tire-related accident must be exceedingly small and yet, the American public (and government) have decided that even a two-in-a-million risk is not necessary or acceptable. Why then, should we knowingly send off prospective parents to choose children coming from extraordinarily high-risk social and medical backgrounds without any social work safeguards built in? Americans adopt more children, both domestically and abroad, than all other countries in the world. We have a vast experience with the placement of children. We know "how to do it right." Why then, does that knowledge not apply overseas?

### **The value of parent preparation**

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provided can be obtained by the parents by themselves for a quarter of the cost. It does say, however, that it provides post-placement support in the form of referral to parent groups.

The prospective parents arrive in a strange country, exhausted and anxious. By now they have spent most of their savings and are using a significant portion of their vacation or leave. They are pressured by time and money, never mind the real prospect of having to choose a child now or come home with no child at all. They are separated from all their sources of support – friends, relatives, and professional consultation. Yes, they might be able to contact help by e-mail, fax or phone but that's not the same as sitting in your own living room and dissecting the video a dozen times, discussing the ramifications of prematurity or maternal alcohol use with your friends or other parents, investigating the resources the child might require and if they are available in your community.

We presume that the parents know what questions to ask and how to evaluate the answers. Most families I talk to have received no preparation on the social, economic or public health realities of the country. They have rosy concepts of how children come to be in orphanages ("Their loving parents simply could not afford another child and made the agonizing decision to place the child for adoption.") and have no idea of the short and long-term impact of institutional care on the health and emotional well-being of children. They have only a vague concept of the appropriate questions and no knowledge of how to follow up.

The vast majority of parents are not able to communicate directly with the orphanage directors, doctors, courts and other ministries involved in the selection of the child. They are at the mercy of the person doing the translating who may have unknown (and negative) biases built into his/her interpretation and presentation of information. Add to all this a layer of cultural difference. Through no malice on the part of anyone, it is difficult for the professionals in the other country to understand what services will be available and how impaired a particular child might be in our society. An assessment of any child necessarily takes into account a review of the resources available to the prospective family. The child who is right for one family might fare very poorly in another.

I do not mean to denigrate the professionalism of the services provided in the other country. I believe that, for the most part, the judges and doctors and orphanage directors have at heart the best interests of the children for whom they are responsible. However, that does not mean that they are able to translate that caring into an evaluation or presentation that is culturally meaningful to prospective parents. A medical system that functions under an entirely different

premise than ours, different perceptions of what is normal and abnormal, the inability to communicate the subtleties of a child's condition, and the lack of long-term follow-up after adoption lead to both over and under optimistic assessments of children.

### **The value of social work**

Under the best circumstances, the parents would arrive to the Ministry of Education or Adoption Center with a concept of the type of child they could most appropriately parent. Then, ideally, various children meeting those criteria would be presented. In actuality, many families report that they were offered one or two children and told, "These are the only ones available right now." They are pressured to look at the children who happen to be available, regardless of the suitability for this particular family. If the family declines, then they are forced to go to a different orphanage, a different city or region or, sometimes, even a different country.

The social worker's role is to collect the information gleaned from both parties (the child's guardians and the prospective parents) and to present it to each party in a culturally understandable manner, while always keeping the best interests of the particular child paramount. This is what we are doing in the US when we require extensive assessments of both child and family before making or approving a placement. No adoption decision is made in the US by parents choosing and deciding on a child on their own over the period of a few hours. We don't expect (or allow) people to get married or to buy a house or a car without a waiting period. Consumer protection laws were enacted to prevent ill-thought out decisions. Why then, is it appropriate to make adoption decisions without allowing the family the necessary time to understand who this child might be?

### **The value of medical evaluation**

Every website, every adoption agency brochure always comments that the prospective parents are allowed to get an independent medical evaluation of the child before they make a final decision. Of course, they don't mention that there may be no western trained physician available, that, even if there is western medical care, there is no guarantee that the person has any experience in the short- and long-term consequences of any number of insults including prenatal exposure to alcohol, malnutrition, prematurity, congenital syphilis or institutional living — all very common on medical records from the former Soviet Union. The family is basically

reliant on whoever is available unless they can afford to bring along a specialist from home (not very likely).

Counseling about adoption medical records typically requires an hour in my office and almost always raises other questions that should be answered before making a final decision. If, after seeing over 16,000 medical records from overseas, I am unable to assess a child, how can parents, who may never have seen a single record before, do it on their own? And, no, it is not usually feasible to have the parents fax records to the US for a long-distance evaluation.

Invariably, the parents have collected inadequate data and it is almost impossible to conduct a long counseling session on an overseas phone call. And, of course, the physician is entirely dependent on inexperienced parents for a description of behavior and an assessment for any features of fetal alcohol syndrome or other abnormalities.

For example, a family recently returned from Russia with videotape of the two infants they chose. Because the babies "looked so good," they asked only a few questions. They were reassured that the children were "healthy" even though there was no growth, developmental or social history. In the videotape, made by the parents over two hours of visiting time, both children were significantly developmentally delayed. After review in the US, second questions were asked; we discovered that both children were on high doses of valproic acid, a potent anti-seizure medicine, and had very high-risk social histories. If the parents turn down these children, they have lost both time and money but have also incurred incalculable stress. In another recent case, the parents almost came to divorce over the decision not to go forward with the adoption of siblings who were discovered (after the two week trip overseas) to be prenatally exposed to alcohol, premature and possibly autistic.

There is a vast and growing experience in North America with the evaluation and care of children adopted from orphanages. Why should we deny parents (and often not even inform of the availability of) these services, provided in an appropriate manner, during this most important decision, which will affect the rest of their lives?

**Making the best of a bad situation**

I have had numerous discussions with parents, facilitators, agencies and others over this process of choosing your own child. Some of their arguments favoring the process are presented below.

*Families will go elsewhere if we don't offer this service.* There is no reason to provide poor service just because someone else is doing it. Agencies who sit down and explain in depth what the issues are will not lose clients. In the long run, they will maintain their reputation for integrity and will have fewer "adoption disasters" to deal with.

*The children can't wait for better adoption laws to be enacted.* That is true. But, there is no incentive to change the laws to something better if an inadequate, but working, process is in place. Unless parents and professionals refuse to work under the bad system, no changes will occur.

*It's better than doing nothing at all.* Again, there is no reason to provide inadequate service when it can be done better. A poorly done job requires far more work to fix in the long run. In this case, it is better to insist on "the right way or no way."

*Families are forewarned.* Truly well-informed prospective parents probably would not go abroad to select their own child without extensive preparation. The families I talk to often have had no more preparation than what they have read on parent support group websites, have heard through list-serves for various countries or have gleaned from the "success stories" sections of various facilitator's websites. Many parents have no preparation at all and are shocked when I mention such facts as the prevalence of drug and alcohol use and domestic violence; the rates of prematurity, low birth weight, and malnutrition; the collapse of the public health system.

*If the courts over there allow it, it must be ok. After all, these are their children.* Just because it is legal does not mean that it is right. We don't allow families to select and permanently take home a child from the foster care system in the US based on a one hour interview in another language and a few hours' observation in an institutional setting. We understand that there are many issues beyond "the chemistry between parent and child" which will impact on the child's life and functioning. It is not reasonable, and perhaps not possible, for prospective parents to



truly assess the impact of maternal schizophrenia, congenital syphilis, low birth weight, microcephaly or a myriad of other issues in a few hours or even in a few days.

*We can give the parents a list of things to ask and to look for before they go.* Yes, we can give the parents checklists of developmental milestones and growth charts. We can provide an outline of medical history to be obtained. But, we cannot teach parents to be social workers or pediatricians or developmental experts in a few hours, a few days or even a few weeks. How will the parents be able to assess the data they have collected and recognize its significance? For example, a grandmother recently called me after talking to her daughter in Moldova about the child she had chosen to adopt. The baby's head circumference was 5 cm (or 2 in) below the 5<sup>th</sup> percentile on the growth chart. The daughter had asked about this and was told, "The head size is okay because the baby was premature and she has been sick a lot. Maybe also the mother is very small." No mention was made of any possibility of developmental disability.

### **Reverse "adoption imperialism"?**

To apply the principles of appropriate adoption practice differently in foreign countries as compared to our own appears to be a sort of reverse adoption imperialism. Instead of imposing upon other countries the principles we believe to be appropriate for the welfare of children, we have accepted a second rate standard. Such practices imply that we do not value the children of other countries or that we believe the people of those countries do not value their children in the same way that we do. In either case, do we have any right to make such judgments? We would certainly never allow foreign nationals to come to our country and "shop" for children and yet we feel the "right" to allow our citizens to do the same elsewhere.

### **Do it right, or don't do it at all**

It is possible to practice international adoption in an appropriate and sensitive manner protecting the rights and interests of all parties involved. The Korean system, although not perfect, allows for the prompt referral and placement of children with complete and accurate medical records, at low cost, with a relatively high degree of trust on both sides of the ocean. This system did not develop overnight and certainly grievous errors have been perpetrated on children and adoptive and birth families in the past. However, we would do well to learn from those experiences. There is no reason to re-invent the wheel.

If we truly believe in providing the highest standard of adoption services, then they should be available to all children in all countries. If those services (or the infrastructure to provide them) are not present, we have an obligation to provide education and monetary support to make sure they happen. Without those principles in mind, we are setting ourselves up for a future of adoption disasters and scandals. With the implementation of the Hague Convention on the Protection of Children and Cooperation in Respect of Intercountry Adoption, we have a golden opportunity to set up regulations to truly protect children. Other countries will be watching us closely during this process. This is our chance to do it right so that we can continue to do it in the best way possible in the future.

The views expressed above are entirely those of Dr. Jenista and should not be construed as representing the Provisional Section on Adoption nor the American Academy of Pediatrics.